

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER SUPPLIER/CLIA IDENTIFICATION NUMBER 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2015
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NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL	STREET ADDRESS CITY STATE ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755
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4 000 11-94 1 Initial Comments

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A relicensing survey was conducted at this facility
with the exit date of 1/16/15

4 174 11-94.1-43(b) Interdisciplinary care process

4 174

(b) An individualized, interdisciplinary overall plan
of care shall be developed to address prioritized
resident needs including nursing care, social
work services, medical services, rehabilitative
services, restorative care, preventative care,
dietary or nutritional requirements, and
resident/family education

This Statute is not met as evidenced by
Based on observation, interview, and record
review, the facility did not ensure that an
individualized, interdisciplinary overall plan of care
shall be developed to address prioritized resident
needs including nursing care and preventative
care for 1 resident in the sample

Finding includes

Based on observation, record review and
interview with staff members, the facility failed to
ensure 1 (Resident #18) of 1 resident identified
for urinary incontinence received receives
appropriate treatment and services to prevent
urinary tract infections and to restore as much
normal bladder function as possible

Finding includes

On 1/12/15 and 1/13/15 surveyors could smell a
foul odor in and outside of Resident #18's room
On 1/12/15 the odor was initially detected during
the resident interview at approximately 10:45
A.M. through 12:16 P.M. when the resident finally

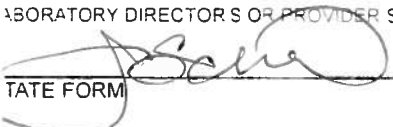
**4 174 11-94.1-43(b)
Interdisciplinary care process
How Corrective action will be
accomplished for those
residents found to have been
affected by the deficient
practice:**

2/4/15

The care plan for the affected
resident has been updated with
approaches used to deal with
resistance to care. Resident # 18
has already been seen by a
urologist and is being treated for
a diagnosis of chronic cystitis
with long term antibiotics.

**How the facility will identify
other residents having the
potential to be affected by the
same deficient practice.**
All residents have the potential
to be affected by the same
deficient practice. Resident care
plans are reviewed during IDT
meetings and will identify
residents needing care plan
updates related to incontinence.

2015 FEB -6 P 12:45

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Acting Administrator	DATE 2/4/15	(X6) DATE
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<p>4 174 Continued From page 1</p>	<p>4 174</p>	<p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur:</p>
<p>went to the toilet Interview with resident done on 1/13/15 at 11 26 A.M. Resident #18 reported that she is sometimes incontinent of urine; however, can toilet herself</p>	<p>1</p>	<p>All resident care plans are reviewed at IDT meetings and those that need to be updated will be referred to the RN case manager or designee for updating. Care plans will be reviewed within one week by designated nursing staff after the IDT meeting to ensure that changes were made. Care plan updates are then communicated to caregivers at shift report. Updated care plans will be additionally reviewed for goal progress at the next scheduled monthly Patient Care Committee meeting.</p>
<p>Resident #18 was admitted to the facility on 5/23/13 for delirium related to urinary tract infection uncontrolled diabetes mellitus and management of scabies</p>		<p>3/1/15</p>
<p>On 1/13/15 at 11.32 A.M. review of a comprehensive Minimum Data Set with assessment reference date of 5/19/14 documents Resident #18 yielded a score of 15 (cognitively intact) for the Brief Interview for Mental Status Resident #18 requires supervision and set up for toileting and is frequently incontinent of urine. There was no trial of a toileting program. Review of the Care Area Assessment notes resident is able to perform her own ADL's but sometimes needs encouragement and supervision when she has experienced urinary incontinence in bed and needs to get up so staff can change her bedding. Also noted is the resident sometimes resists getting out of bed to have her bedding changed. Resident #18 receives a daily diuretic and complained about nocturnal incontinence where staff find her soaked with urine in the morning. The resident reported to staff that she does not have sensation to urinate/void when sleeping and has not been evaluated by a urologist or ob/gyn for this problem.</p>		<p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and that it will not recur, I.E., what program will be put into place to monitor the continued effectiveness of the systematic changes.</p> <p>IDT notes and Patient Care Committee minutes will be reviewed monthly by the DON or designee to ensure that the process is being followed and is effective.</p> <p>3/1/15</p>
<p>Interview with Certified Nurse Aide #1 was done on 1/13/15 at 11 37 A.M. the aide reported that the resident can toilet herself but is sometimes incontinent and does not seem to mind to remain in her soiled brief. The aide reported that they check on the resident hourly for incontinence. The aide also shared that the odor is strong and it</p>		

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may be that the urine has seeped into the flooring as you continue to faintly smell it while standing in her room.

Interview and concurrent record review was done with Certified Nurse Aide #2 on 1/13/15 at 1:36 P.M. The CNA confirmed on 1/12/15 during the 0600 to 1359 shift, Resident #18 was incontinent of urine (x2). Inquired what is the resident's morning routine. The CNA replied that the resident is ambulatory and they ask her every now and then if she wants to go to the bathroom and when she is soaking wet she may refuse to be changed. Inquired what do they do if she refuses a change. The aide reported they will ask if she wants to go to the bathroom and if she gets mad will go back later and ask again.

Interview and concurrent record review was done with the Director of Nursing (DON) on 1/13/15 at 1:56 P.M. The DON reported Resident #18 refuses to change her brief and has been asked to assist in talking to the resident about changing her brief and bedding. The DON confirmed the facility has not developed a care plan to address the resident's resistance to care and an assessment to address this issue has not been done. The DON reported that a psychological consult is pending as the resident's behaviors are "child like" and she is unable to tell you why she resists care and appears to be happy to remain in her soiled brief. The DON reported that the resident is not a candidate for a toilet program as she refuses and is not motivated.

Further record review was done on the morning of 1/14/15. There is documentation in the Care Area Assessment (5/2014) through 12/30/14 of Resident #18's incontinence and refusal to change her soiled brief. On 12/1/14 the resident

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was noted to be soaking wet with urine. a puddle of urine was noted on the floor bedside her bed. The staff member had to talk with her "numerous times" to get her cleaned up. The bed linens had to be changed.

Resident #18 is at risk for urinary tract infection and is prescribed furosemide 20 mg one tab daily. the facility did not develop a care plan to address her resistance to change her soiled brief to ensure she receives services to prevent urinary tract infections.